

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT *
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763549 (3)

1. Corporation Name

BRISTOL-MYERS SQUIBB FOUNDATION, INC.



Principal Place of Business

**345 PARK AVE.
NEW YORK NY 10154**

Mailing Address

**345 PARK AVE.
NEW YORK NY 10154**

3. Date Incorporated or Qualified
06/03/1982

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
13-3127947

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FALCON, HOWARD J., JR.
125 WORTH AVENUE
PALM BEACH FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	HEIMBOLD, CHARLES A. J
STREET ADDRESS	25 LEEWARD LANE
CITY-ST-ZIP	RIVERSIDE CT
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GELB, RICHARD L
STREET ADDRESS	1060 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, FLORENCE
STREET ADDRESS	1495 HIGHLAND RD
CITY-ST-ZIP	CUTCHOGUE NY
TITLE	VD <input type="checkbox"/> DELETE
NAME	DAMONTI, JOHN L.
STREET ADDRESS	38 PROSPECT AVE.
CITY-ST-ZIP	MONTCLAIR NJ
TITLE	T <input type="checkbox"/> DELETE
NAME	BAINS, HARRISON M. J
STREET ADDRESS	14 ESSEX RD.
CITY-ST-ZIP	SUMMIT NJ
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KASA, PAMELA D.
STREET ADDRESS	PHILIPSE BROOK RD.
CITY-ST-ZIP	GARRISON NY

11 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RODRIGUEZ, TERESITA
13 STREET ADDRESS	200 EAST 87th STREET
14 CITY-ST-ZIP	NEW YORK, NY 10128
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MEE, MICHAEL F.
23 STREET ADDRESS	365 GARFIELD ROAD
24 CITY-ST-ZIP	CONCORD, MA 01742
31 TITLE	SKULE, JOHN L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	97 WEST SHORE DRIVE
33 STREET ADDRESS	PRINCETON, NJ 08534
34 CITY-ST-ZIP	
41 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DAMONTI, JOHN L.
43 STREET ADDRESS	38 PROSPECT AVENUE
44 CITY-ST-ZIP	MONTCLAIR, NJ 07042
51 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CALDARELLA, JOSEPH C.
53 STREET ADDRESS	591 SHELDON AVENUE
54 CITY-ST-ZIP	STATEN ISLAND, NY 10312
61 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BRENNAN, ALICE C.
63 STREET ADDRESS	271 MANOR ROAD
64 CITY-ST-ZIP	RIDGEWOOD, NJ 07450

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John L. Damonti, President/Director 4/29/96 212-546-4566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)